

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Health Care Association Political Action Committee

ADDRESS (number and street) 1201 L Street, NW Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00006080 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 11/08/2016 in the State of DC

5. Covering Period 10/01/2016 through 10/19/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Hillier, Robin, , Ms., Type or Print Name of Treasurer

Signature of Treasurer Hillier, Robin, , Ms., [Electronically Filed] Date 10/25/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**American Health Care Association Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		170806.91
(b) Cash on Hand at Beginning of Reporting Period.....	55122.25	
(c) Total Receipts (from Line 19) .....	78615.83	544722.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	133738.08	715529.88
7. Total Disbursements (from Line 31).....	55028.56	636820.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	78709.52	78709.52
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Health Care Association Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	76769.63	511170.83
(ii) Unitemized .....	1846.20	20052.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	78615.83	531222.97
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	78615.83	541222.97
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	78615.83	544722.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	78615.83	544722.97

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	528.56	8200.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	528.56	8200.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54500.00	595500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	7119.87
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	7119.87
29. Other Disbursements (Including Non-Federal Donations).....	0.00	26000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	55028.56	636820.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55028.56	636820.36

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	78615.83	541222.97
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	7119.87
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	78615.83	534103.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	528.56	8200.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	528.56	8200.49

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Allen, Martin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 333 N. Summit Street

City Toledo	State OH	Zip Code 43614
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HCR ManorCare	Occupation (for Individual) Vice President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2016

**Transaction ID : C3401686**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Baker, Vernon, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 120 Dogwood Lane

City Orange	State VA	Zip Code 22960
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dogwood Village	Occupation (for Individual) Administrator
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2016

**Transaction ID : C3408346**

Amount of Each Receipt this Period  
750.00

Memo Item

**C. Beebe, Elton, G., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 763 Avery Blvd. N

City Ridgeland	State MS	Zip Code 39157
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Magnolia Management Corporation	Occupation (for Individual) President
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2016

**Transaction ID : C3402866**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Blankenship, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 Southridge Parkway  
 City Herber Springs State VA Zip Code 72543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southridge Village Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2475.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : C3408343**  
 Amount of Each Receipt this Period 2475.00  
 Memo Item

**B. Burr, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11851 Wilde Run Court  
 City Roswell State GA Zip Code 30075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Care Navigator LLC Occupation (for Individual) VP Finance, Reimb & Gov't Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : C3399084**  
 Amount of Each Receipt this Period 375.00  
 Memo Item

**C. Calhoun, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 583 Horizon Drive  
 City Brockway State PA Zip Code 15824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Guardian Elder Care Occupation (for Individual) Chairman  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : C3411026**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Carothers, Mary Jane, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6323 Panorama Drive

City Panora	State IA	Zip Code 50216
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Iowa Health Care Association	Occupation (for Individual) Director of Quality & Clinical Svcs
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

**Transaction ID : C3411025**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. Cianci, Nicholas, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 65 LaSalle Rd  
Suite 200

City West Hartford	State CT	Zip Code 06107
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Compass Total Benefit Solutions	Occupation (for Individual) Executive
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

**Transaction ID : C3408484**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Ciolek, Daniel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 L Street NW

City Washington	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AHCA	Occupation (for Individual) Associate VP, Therapy Advocacy
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
975.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2016

**Transaction ID : C3402574**

Amount of Each Receipt this Period  
75.00

Memo Item

\* Payroll Deduction: \$75.00 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Colbert, George, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 777 East Wind Court

City Valley Park	State MO	Zip Code 63088
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Garden View Care Centers	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2016

**Transaction ID : C3408348**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Elliot, Andy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 240 Capitol Street  
Suite 500

City Charleston	State WV	Zip Code 25301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CHI, LLC	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

**Transaction ID : C3400108**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. Elliot, Shannon, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1542 Bedford Rd.

City Charleston	State WV	Zip Code 25314
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AMFM, LLC	Occupation (for Individual) Nurse Practitioner
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

**Transaction ID : C3400227**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Erickson, Joanne, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 911 S Randolph St  
 City Arlington State VA Zip Code 22204-1564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : C3402576**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \* Payroll Deduction: \$50.00 bi-weekly

**B. Ernst, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9601 Leighton Ave  
 City Lincoln State NE Zip Code 68507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Eastmont Towers Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : C3402072**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Eyt, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10009 Dallas Ave  
 City Takoma Park State MD Zip Code 20901-2240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Director, Education  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 803.70

Date of Receipt 10 / 07 / 2016  
**Transaction ID : C3402575**  
 Amount of Each Receipt this Period 53.58  
 Memo Item  
 \* Payroll Deduction: \$53.58 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	353.58
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Fairbanks, Patrick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19915 Nina Street

City Omaha	State NE	Zip Code 68130
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Vetter Health Services	Occupation (for Individual) C.O.O.
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

**Transaction ID : C3402594**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Fleshner, Irene, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1688 Floyd Street

City Sarasota	State FL	Zip Code 34239
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Genesis HealthCare Corporation	Occupation (for Individual) Nurse Executive
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

**Transaction ID : C3411039**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Griffith, William, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1825 7th Street, NW #901

City Washington	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Health Care Association	Occupation (for Individual) Senior Manager, Political Affairs
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2016

**Transaction ID : C3402581**

Amount of Each Receipt this Period  
25.00

Memo Item

\* Payroll Deduction: \$25.00 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Hagemeyer, Randal, , ,**

Mailing Address 715 West 31st Street

City Minneapolis    State MN    Zip Code 55408-2915

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Birchwood Care Home    Occupation (for Individual) Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016

**Transaction ID : C3402542**

Amount of Each Receipt this Period  
 250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Hahs, Jennifer, S, ,**

Mailing Address 12423 Flint Street

City Overland Park    State KS    Zip Code 66213

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Health Care Association    Occupation (for Individual) Senior Director, Political Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2016

**Transaction ID : C3402582**

Amount of Each Receipt this Period  
 50.00

Memo Item

\* Payroll Deduction: \$50.00 bi-weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Hamilton, Gerald, , ,**

Mailing Address 6000 Whiteman Dr NW

City Albuquerque    State NM    Zip Code 87120-2195

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) R&G Healthcare Management    Occupation (for Individual) Owner

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2016

**Transaction ID : C3399085**

Amount of Each Receipt this Period  
 250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Head, Kelly, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10991 Deerridge Dr

City Chubbuck	State ID	Zip Code 83202-5199
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Westcare Mgt	Occupation (for Individual) Exec Director, Operations and Develop
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : C3407722**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Herrick, Richard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 Elk Street

City Albany	State NY	Zip Code 12207
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) New York State Health Facilities Assoc	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : C3406819**

Amount of Each Receipt this Period  
562.50

Memo Item

**C. Jaeckels, Jeanne, C., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12120 24th Street

City Clear Lake	State MN	Zip Code 55319
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Tealwood Senior Living	Occupation (for Individual) Director of Development
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

**Transaction ID : C3411218**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1362.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Johnson, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9403 Mill Brook Road  
 City Louisville State KY Zip Code 40223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KY Assoc of Health Care Facilities Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : C3410391**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Kylo, David, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4621 28th Road South  
 City Arlington State VA Zip Code 22206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHCA/NCAL Occupation (for Individual) VP, Insurance and Member Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : C3402580**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 \* Payroll Deduction: \$60.00 bi-weekly

**C. Lane, Larry, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1616 Stephens Dr  
 City Wayne State PA Zip Code 19087-1023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Genesis Health Care Occupation (for Individual) Sr VP, Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : C3411029**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1310.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Levering, William, Bruce, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6180 Sparta Road  
 City Fredericktown State OH Zip Code 43019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Levering Management Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : C3402545**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**B. Levering, William, Bruce, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6180 Sparta Road  
 City Fredericktown State OH Zip Code 43019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Levering Management Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : C3402547**  
 Amount of Each Receipt this Period 450.00  
 Memo Item

**C. Mason, Christian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Monroe Parkway Suite I  
 City Lake Oswego State OR Zip Code 97035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Senior Housing Management Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : C3408349**  
 Amount of Each Receipt this Period 3750.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Morgan, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3801 SW Beaverton Ave

City Portland	State OR	Zip Code 97239
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Avamere Health Sertvices LLC	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2016

**Transaction ID : C3399527**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. Norsworthy, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 180  
5019445633

City Gateway	State AR	Zip Code 72733-0180
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Norsworthy Consulting	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

**Transaction ID : C3404797**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. Ousley, Mary, K., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Bittersweet Drive

City Richmond	State KY	Zip Code 40475-8639
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PMD Corporation	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

**Transaction ID : C3411027**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Owens, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Ravinia Suite 1500  
 City Atlanta State GA Zip Code 30046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sava Senior Care Occupation (for Individual) SVP Clinical Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : C3408340**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Painter, Julie, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5023 Waple Ln  
 City Alexandria State VA Zip Code 22304-7727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Vice President of Constituency Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : C3402579**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 \* Payroll Deduction: \$25.00 bi-weekly

**C. Parks, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1730 Truro Rd  
 City Crofton State MD Zip Code 21114-2520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Director of IT and Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : C3402583**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 \* Payroll Deduction: \$25.00 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Peterson, Wade, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6420 Fox Meadow Drive  
 City Bismark State ND Zip Code 58503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sanford Health Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : C3408328**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Petrine, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 992 Vista Pkwy  
 City Hardy State VA Zip Code 24101-3326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Commonwealth Care of Roanoke Occupation (for Individual) CEO/President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : C3402568**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Porter, Clifton, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3929 Azalea Court  
 City Maumee State OH Zip Code 43537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) SVP Government Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3349.24

Date of Receipt 10 / 07 / 2016  
**Transaction ID : C3402587**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 \* Payroll Deduction: \$208.33 bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5458.33
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Priegnitz, Kelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 S. St. Gregory Church Rd.  
 City Coxs Creek State KY Zip Code 40013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kindred Healthcare Occupation (for Individual) Attorney/Compliance Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : C3411036**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Ramsey, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Riverwood Drive  
 City York State ME Zip Code 03909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Edgewood Centre Occupation (for Individual) Nursing Home Owner/ Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : C3408805**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Redden, Tiffany, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 50457  
 City Idaho Falls State ID Zip Code 83405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Idaho Falls Group Homes Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : C3407723**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Reidy, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1427 East Erie  
 City Lorain State OH Zip Code 44052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Avon Oaks Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : C3408354**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Samples, Jesse, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 451 Truman Rd  
 City Franklin State TN Zip Code 37064-8322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tennessee Health Care Association Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : C3408352**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Scharfenberger, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7265 Kenwood Road # 300  
 City Cincinnati State OH Zip Code 45236-4414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nursing Care Management Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : C3411035**  
 Amount of Each Receipt this Period 187.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2187.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Schroer, Gerald, , , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 339 East Maple Street  
 Suite 100  
 City North Canton State OH Zip Code 44720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Schroer Group Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : C3411037**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

**B. Sharp, Christina, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1644 Mount Eagle Pl  
 City Alexandria State VA Zip Code 22302-2121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) Senior Director, Member Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.80

Date of Receipt 10 / 07 / 2016  
**Transaction ID : C3402589**  
 Amount of Each Receipt this Period 22.72  
 Memo Item  
 \* Payroll Deduction: \$22.72 bi-weekly

**C. Sheffer, Brady, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Charleston Place  
 City Daleville State VA Zip Code 24083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Commonwealth Care of Roanoke Occupation (for Individual) Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : C3402569**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3772.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Shimer, Jennifer, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9507 Shelly Krasnow Ln  
 City Fairfax State VA Zip Code 22031-4720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Health Care Association Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : C3402588**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 \* Payroll Deduction: \$50.00 bi-weekly

**B. Siebel, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13185 W. Green Mountain Drive  
 City Lakewood State CO Zip Code 80228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carriage Healthcare Companies, Inc. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : C3402861**  
 Amount of Each Receipt this Period 1875.00  
 Memo Item

**C. Stott, Martin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15035 Memorial Tower Dr  
 City Baton Rouge State LA Zip Code 70810-8398  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diversified Health Care Occupation (for Individual) Owner/Operator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : C3402555**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3175.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Taubenheim, Judith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1403 Adele Court  
 City Grafton State WI Zip Code 53024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fortis Management Occupation (for Individual) Chief Nursing Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : C3399033**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Thies, Joseph, Drew, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1101 L Street NW Apt. 504  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AHCA Occupation (for Individual) Manager, Political and Grassroots  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 07 / 2016  
**Transaction ID : C3402591**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 \* Payroll Deduction: \$25.00 bi-weekly

**C. Unverferth, James, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 Shawnee Rd  
 City Lima State OH Zip Code 45805-3529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HCF Management, Inc. Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : C3411024**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2775.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Vetter, Jack, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20220 Harney Street  
 City Elkhorn State NE Zip Code 68022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vetter Health Services Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 10 / 2016  
**Transaction ID : C3402571**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

**B. Westbury, James, R., , Sr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 922 McDonough Rd.  
 City Jackson State GA Zip Code 30233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Westbury Medical Care Home Inc. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : C3402867**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

**C. White, Steven, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 Chappell Rd.  
 City Charleston State WV Zip Code 25304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) White Law Offices, PLLC Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : C3400228**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. LAG Associates LP Managers**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8028 Ritchie Hwy  
Ste 210

City Pasadena State MD Zip Code 21122-1075

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 07 / 2016

**Transaction ID : C3402549**

Amount of Each Receipt this Period  
1250.00

Memo Item

PARTNERSHIP--partners below if itemized

**B. Attman, Gary, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8028 Ritchie Highway

City Pasadena State MD Zip Code 21122-1069

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
LAG Associates LP Managers Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 07 / 2016

**Transaction ID : C3402551**

Amount of Each Receipt this Period  
1250.00

Memo Item

\*

**C. Central Management Company, LLC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1438

City Winnfield State LA Zip Code 71483-1438

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
10 / 07 / 2016

**Transaction ID : C3402552**

Amount of Each Receipt this Period  
5000.00

Memo Item

PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 32  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Price, Teddy, Rae, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1438

City Winnfield	State LA	Zip Code 71483-1438
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Central Management Company, LLC	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2016

**Transaction ID : C3402556**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. Shelton, Jamie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1438

City Winnfield	State LA	Zip Code 71483
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Central Management Company	Occupation (for Individual) COO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2016

**Transaction ID : C3402892**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	76769.63

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement MM / DD / YYYY 10 / 05 / 2016	
Mailing Address PO Box 53773		FEC Identification Number C [ ] <b>Transaction ID : D176908</b> Amount of Each Disbursement this Period [ ] 333.34	
City Phoenix	State AZ	Zip Code 85072-3773	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T Merchant Services</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2016	
Mailing Address PO Box 200		FEC Identification Number C [ ] <b>Transaction ID : D176909</b> Amount of Each Disbursement this Period [ ] 195.22	
City Wilson	State NC	Zip Code 27894-0200	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/ Type [ ]
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 528.56
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 528.56

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. Brady Victory Fund**

Full Name (Last, First, Middle Initial)

Mailing Address 8505 Technology Forest Place

City The Woodlands State TX Zip Code 77381

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: C00531285  
**Transaction ID : D176426**

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Continuing America's Strength and Security PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898-0505

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 03 / 2016

FEC Identification Number: C00480228  
**Transaction ID : D176137**

Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. FRIENDS OF SCOTT ANGELLE, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1385

City Breaux Bridge State LA Zip Code 70517

Purpose of Disbursement Contribution

Candidate Name ANGELLE, SCOTT, , ,

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: LA District: 03

Date of Disbursement: 10 / 03 / 2016

FEC Identification Number: C00611145  
**Transaction ID : D176138**

Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. GREAT LAKES POLITICAL ACTION COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2016
Mailing Address 2000 TOWN CENTER SUITE 2350		FEC Identification Number C C00341636 <b>Transaction ID : D176431</b> Amount of Each Disbursement this Period 5000.00
City SOUTHFIELD	State MI	Zip Code 48075
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>B. Jason Smith for Congress</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2016
Mailing Address PO Box 1324		FEC Identification Number C C00541862 <b>Transaction ID : D176422</b> Amount of Each Disbursement this Period 2500.00
City Cape Girardeau	State MO	Zip Code 63702-1324
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>Smith, Jason, , Rep.,</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MO District: 08	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>C. LEAD YOUR NATION NOW PAC (LYNN PAC)</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2016
Mailing Address PO BOX 1872		FEC Identification Number C C00491043 <b>Transaction ID : D176429</b> Amount of Each Disbursement this Period 2000.00
City TOPEKA	State KS	Zip Code 66601
Purpose of Disbursement Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Memo Item <input type="checkbox"/>	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. RELY ON YOUR BELIEFS FUND (ROYB)**

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2016

FEC Identification Number

C C00344648

Transaction ID : D176432

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CATHY MCMORRIS RODGERS FOR CONGRESS**

Mailing Address PO Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement Contribution

Candidate Name

**McMorris Rodgers, Cathy, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2016

FEC Identification Number

C C00390476

Transaction ID : D176427

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHARLES BOUSTANY JR. MD FOR SENATE, INC.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement Contribution

Candidate Name

**Boustany, Charles, , Rep., Jr.**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: LA District:

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2016

FEC Identification Number

C C00394866

Transaction ID : D176139

Amount of Each Disbursement this Period

2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

**A. LANGEVIN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 181A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement Contribution

Candidate Name  
**Langevin, James, R., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: RI District: 02

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2016

FEC Identification Number

C C00344697

Transaction ID : D176430

Amount of Each Disbursement this Period

2000.00

Memo Item

**B. PAT MEEHAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 50 S. Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement Contribution

Candidate Name  
**Meehan, Patrick, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: PA District: 07

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2016

FEC Identification Number

C C00466870

Transaction ID : D176136

Amount of Each Disbursement this Period

2500.00

Memo Item

**C. Team Ryan**

Full Name (Last, First, Middle Initial)

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2016

FEC Identification Number

C C00545947

Transaction ID : D176140

Amount of Each Disbursement this Period

15000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

19500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tom O'Halleran for Congress**

Mailing Address PO Box 20375

City Sedona State AZ Zip Code 86341

Purpose of Disbursement Contribution

Candidate Name  
**O'Halleran, Tom, , ,**

Office Sought:  House  Senate  President  
State: AZ District: 01  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2016

FEC Identification Number

C C00582890

Transaction ID : D176428

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. VOTEVETS**

Mailing Address PO Box 75357

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  
 Primary  General  Other (specify)

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2016

FEC Identification Number

C C00418897

Transaction ID : D176433

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. WYDEN FOR OREGON**

Mailing Address 2911 NE HANCOCK STREET

City PORTLAND State OR Zip Code 97212

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2016

FEC Identification Number

C C00436998

Transaction ID : D176135

Amount of Each Disbursement this Period

2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8500.00

54500.00